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CONFIRMATION NO. 4898

<b>SERIAL NUMBER</b> 09/997,962	<b>FILING OR 371(c) DATE</b> 11/29/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> DOCUSY 3.0-007
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\*** O.K. DBC  
 This appln claims benefit of 60/253,911 11/29/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** NONE

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 12/17/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>Shirley R. Long</i> Initials <i>DBC</i>	<b>STATE OR COUNTRY</b> AL	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 36	<b>INDEPENDENT CLAIMS</b> 6
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**ADDRESS**  
530

**TITLE**  
Drug delivery device incorporating a tracking code

<b>FILING FEE RECEIVED</b> 705	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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